20019

FIELD CHECK LIST
FY 1965 UPDATING TASKS

Date Prepared JULY 22/65

By Arsenio A. Cuevas

A. FACILITY IDENTIFICATION: (Should agree with entries on Form 3706R)

1. Name CHURCH OF THE ATONEMENT

2. Address 5073 E. CAPITOL ST. S.E.

3. S/L 22110125 F.O.B.C. Contract 07 Fac. No. 01802

B. GENERAL DATA: (Use current L&P File Listing where applicable)

1. Total existing PF Cat 2-8 Spaces: 180
2. Total potable water required (B1 x 3.5) gal: 630
3. Issue Stocks On Hand Spaces 0
4. Water Storage Drums:
   a. Required: (B1 / 5) 36 Drums
   b. Stocked: (B3 / 5) 0 Drums
   c. Balance: (4a - 4b) 36 Drums
5. Shelter License: Yes ____ No ____ No Contact X Previously Licensed ____
6. Trapped Water Mod. Permit: Yes ____ No ____ No Contact ____ Not Req'd X
7. Remarks: ____

C. NEW WELL:

1. Estimated Cost $ ____
2. Remarks: N/A

D. POTABLE WATER REQTS: (Considering trapped or well water sources shown on Form 3706R)

	Existing Sources	Total (After Modification)
1. Total trapped or well water available:	a. 66 gal	b. 71 gal
2. Excess (D1-B2) (if negative, enter "0")	a. 0 gal	b. 0 gal
3. Equiv stockable spaces (D1 divided by 3.5 - should not exceed B1)	a. 18 spaces	b. 20 spaces
4. Equiv drums (D3 divided by 5 - should not exceed B4a)	a. 3 drums	b. 4 drums
5. Max drums req'd, incl existing stocks (B4a-D4)	a. 33 drums	b. 32 drums
6. Net req't (D5-B4b) (if negative enter "0")	a. 33 drums	b. 32 drums

7. Drums owner agrees to accept *NO CONTACT 8. Remarks: ____

(*)If owner agreement to trapped water modification is obtained disregard D6a and consider D6b as maximum requirement.

Attachment #3

E. SANITATION REQUIREMENTS:

Entries required only if potable trapped or well water, D1, above, will be used in lieu of water stored in drums.

		Based Upon Using Existing Sources Only	Based Upon Total After Modification
1.	Quantity of sanitary waste resulting from use of trapped sources (D3 x 2.1 gal/person	a. 38 gal	b. 42 gal
2.	Can sanitary waste be removed from facility by gravity flow thru existing soil pipes? Yes ✓ No ____. If "Yes", estimate quantity of water available for dilution and flushing and enter in E3, below. (One gallon required for each gallon of sanitary waste to be removed). Use excess trapped potable water, D2, above, and/or existing non-potable sources shown in Section C, Form 3706(R).		
3.	Quantity available for dilution and flushing	a. 45 gal	b. 45 gal
	(Note: If quantity in E3 equals or exceeds corresponding entry in E1, sanitary waste may be removed without storage and empty drum requirements, below, need not be computed).		
4.	Sanitary waste requiring storage in drums (E1 - E3)	a. _____ gal	a. _____ gal
5.	Empty drums required (E4 divided by 15 gal)	a. _____ drums	b. _____ drums
	(Note: Above requirement may be met by utilizing the fiber drum sanitary kits provided as issue stocks, and the steel water storage drums, if any are to be used in the facility. Only 30% of these will be available, since the remainder are required for storing sanitary waste resulting from use of the potable water initially stored therein).		
6.	Empty fiber drums available (B3 + D3, but not to exceed B1) divided by 50 persons	a. _____ drums	b. _____ drums
7.	Empty water drums available (B4b + D7) x 30%	a. _____ drums	b. _____ drums
8.	Net empty drums required E 5 - (E6 + E7)	a. _____ drums	b. _____ drums
9.	Empty drums owner agrees to accept (*) _____.		

(*) If owner agreement to trapped water modification is obtained disregard E8a and consider E8b as maximum requirement.

10. Remarks: _____

F. FOOD STOCKS:

1. Total food stocks required (B1, above).....Spaces 180

2. Estimate of non-issue food stocks available in facility (Minimum 10 persons, 14 days).....Spaces 25

3. Existing issue food stocks available, if any (B3, above).....Spaces 0

4. Additional food stocks required (F1 minus F2 and F3).....Spaces 155

5. Additional food stocks owner agrees to accept.....Spaces No CONTACT.

6. Remarks: (Include basis for determination of F2 above) BASED ON 35 MEALS SERVED PER DAY W/ 10 DAYS SUPPLY ON HAND, AND 14 MEALS/SHELTER SPACE.

G. RADIATION KITS:

1. Make appropriate entries below for non-adjoining shelter areas.

Description of Areas (Stories or Location)	Shelter Spaces	Kits Authorized
a. BSMT	180	1
b.		
c.		

2. Total nonadjoining areas 1 3. Total Kits Authorized 1

H. NOTES: